

Health Department, City of Baltimore.

Permit No. 98932 Office of Registrar of Vital Statistics. Ward 19^a

The Physician who attends any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ann Meads

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cooking for the market

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Isle of Wight Co Va

Duration of Residence in the City of Baltimore, 52 years

Place of Death, { Give Street and Number. } W. Biddle St # 578

Cause of Death, { First (Primary), }

Heart affection

{ Second (Immediate), }

Pathematic Paroxysm

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, General Cemetery

Date of Burial, March 31 1887

{ Undertaker, Hercules Ross }

{ Place of Business, 404 Carroll St Address,

L. G. Spanow

M. D.

Medical Attendant

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98933

Office of Registrar of Vital Statistics.

Ward 1¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, March 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gora A. Allens

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 13 Years, 9 Months, 25 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 2906 Hudson St

Cause of Death, { First (Primary), Acute General Meningitis
Second (Immediate), 11 }

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, April 1st 1887

Undertaker, C. Sanders & Son

Place of Business, 1708-1710 Canton St.

J. H. Martin

M. D.

Medical Attendant.

Address, 910 Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over]

Board of Health, City of Baltimore,

Permit No. 98934 Office of Registrar of Vital Statistics. Ward 20¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carrie A. Gilghman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 Years, 11 Months, 26 Days.

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, all her life.

Place of Death, { Give street and Number. }

408 Myrtle Ave.

Cause of Death, { First (Primary). }

Tubercular Meningitis

Cause of Death, { Second (Immediate). }

Cerebral Haemorrhage.

Duration of Last Sickness,

One day

the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 31

Christopher Johnston Jr. M.D.

Medical Attendant.

Undertaker John H. Owen

Place of Business, 502 Pearl St. Address, 201 W. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98935

Office of Registrar of Vital Statistics.

Ward 18^o

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 31, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma Sipes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

5 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

1943 Romsey st

Cause of Death, { First (Primary),
Second (Immediate), }

Erysipelas

Exhaustion

Duration of Last Sickness,

18 days

All the above information should be furnished by the Physician.

Place of Burial, H. Aphounous cemetery

Date of Burial, April 1

Undertaker, J. B. Cook

Place of Business, 1003 W. Baltimore Address, 1701 Hollins st

James Booley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to those which include the back of this page.

Health Department, City of Baltimore.

Permit No. 98936 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 30th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H. Gatzman

Sex, Male or Female, { Cross out the word not required in this line. } Yeatman

Age, 60 Years, 8 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 13th Street, Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1617 Frontage St.

Cause of Death, { First (Primary), Inflammation of the heart and lungs. Second (Immediate), Per peritonitis.

Duration of Last Sickness, Two days

All the above information should be furnished by the physician.

Place of Burial, Western Cemetery

Date of Burial, April 1

{ Undertaker, C. B. Clark, American & Foreign M. D.

{ Place of Business, 6003 W. Baltimore Address, 10 N. Calvert Street

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98937

Office of Registrar of Vital Statistics.

Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Henry Anderson

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

2

Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Woodyear St # 932

Cause of Death, { First (Primary),
Second (Immediate), }

Mal-nutrition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western P. Cemetery

Date of Burial, March 30/87

{ Undertaker, Geo E Brown }

{ Place of Business, Health Office Address,

L. G. Sprawow M. D.
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health City of Baltimore,

Permit No. 98938 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, ~~within twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday March 28, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Young.

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 23 Years, — Months, — Days,

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single.

Occupation Servant.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, All of life.

Place of Death, { Give street and Number. } 110 Vincent alley.

Cause of Death, First (Primary), Pneumonia.

Cause of Death, Second (Immediate), Ephaustion.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp's cemetery.

Date of Burial, March 31 1887.

Undertaker, S. H. Chase.

Place of Business, 41st Howard St.

L. L. B. Gorgas M. D.

Medical Attendant.

Address, 736 W. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

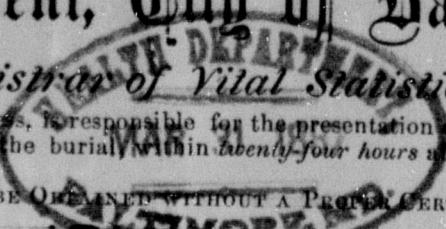
Permit No. 98939

Office of Registrar of Vital Statistics.

Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, March 29th 1887.Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Myers.Sex, Male or Female, { Cross out the word not required in this line. }Age, 48 Years, _____ Months. ✓ DaysColor, Colored.Married, Single, Widow or Widower, { Cross out the words not required in this line. } WidowOccupation, Cook.Birth Place, { State or country, and how long in the United States, if of foreign birth. } Frederick, Maryland.Duration of Residence in the City of Baltimore, Twenty one years.Place of Death, { Give Street and Number. } M.F. Bailey's Drug Store, Corn Park Lane and Mulberry Sts - not known.

Cause of Death, { First (Primary), }

Second (Immediate), Paralysis of the heart.Duration of Last Sickness, about half hour.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery.Date of Burial, March 31st 1887.{ Undertaker, W^m. James Gray }{ Place of Business, 210 Mulberry St }Edward Gallaugher M.D.
Medical Attendant.Address, 206 W. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. **98940** Office of Registrar of Vital Statistics.

Ward **9**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 30 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rachel E Wagner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **76** Years, Months, Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Schenectady N. Y.

Duration of Residence in the City of Baltimore,

29 years

Place of Death, { Give Street and Number. }

123 Hanover St

Cause of Death, { First (Primary), Second (Immediate), }

Asthma

Congestion of Lungs

Duration of Last Sickness,

Two years

All the above information should be furnished by the Physician.

Place of Burial, *Apel. 1/189*

Place of Burial, *Green Mount Cem.*

H. W. Webster

M. D.

Medical Attendant.

Undertaker, *H. A. Taylor Atty.*

Place of Business, *Reg. St. Hwy.*

Address,

106 Barton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98944 / Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Mch 30 87.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ann McDemott

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

49 Greenwich Ave.

Cause of Death, { First (Primary),
Second (Immediate), }

Puerperal Septicæmia

Exhaustion

Duration of Last Sickness,

15 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, April 1st 1887

Undertaker, Henry H. Mears

Place of Business, #413 E. Fayette St Address, 725 Greenwich Ave

J. H. Johnson M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]